

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000009619

1. Entity Name
ADVANCED BONDED & CUSTOMS SERVICES INC.



Principal Place of Business
**3190 SW 4TH AVE.
FT. LAUDERDALE, FL 33315**

Mailing Address
**3190 SW 4TH AVE.
FT. LAUDERDALE, FL 33315**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1243589

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRIESECKE, ARE
3190 SW 4TH AVE.
FT. LAUDERDALE, FL 33315**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIESECKE, ARE
STREET ADDRESS	3190 SW 4TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE, FL 33315
TITLE	P
NAME	FRIESECKE, FRANK
STREET ADDRESS	3190 SW 4TH AVE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33315
TITLE	VP
NAME	FRIESECKE, JANET
STREET ADDRESS	3190 SW 4TH AVE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33315
TITLE	S
NAME	LUEDERS, MARION
STREET ADDRESS	3190 SW 4TH AVE.
CITY - ST - ZIP	FORT LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000380908
01/11/06-80033-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.05.2006

Date

954-7633660

Daytime Phone #